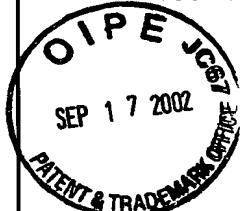


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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.



## Complete if Known

Application Number 09/554,211

Confirmation Number 6519

Filing Date May 10, 2000

RECEIVED

SEP 23 2002

First Named Inventor Corey James Kenneally

Examiner Name Deborah Carr

Group/Art. Unit 1621

TECH CENTER 1600/2900

TOTAL AMOUNT OF PAYMENT (\$ 740.00

Attorney Docket No. 6934

## METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

## FEE CALCULATION

## 1. BASIC FILING FEE – Large Entity

Code	(\$)	Fee Description	Fee Paid
101	740	Utility filing fee	<input type="checkbox"/>
106	330	Design filing fee	<input type="checkbox"/>
108	740	Reissue filing fee	<input type="checkbox"/>
114	160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$ 0)

## 2. EXTRA CLAIM FEES – Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/>	<input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/>	<input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	
Multiple Dependent	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>	

\*\* or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$ 0)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139	130	Non-English specification	<input type="checkbox"/>
147	2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>
112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
116	400	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117	920	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
118	1,440	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128	1,960	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119	320	Notice of Appeal	<input type="checkbox"/>
120	320	Filing a brief in support of an appeal	<input type="checkbox"/>
121	280	Request for oral hearing	<input type="checkbox"/>
138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140	110	Petition to revive - unavoidable	<input type="checkbox"/>
141	1,280	Petition to revive - unintentional	<input type="checkbox"/>
142	1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143	460	Design issue fee	<input type="checkbox"/>
122	130	Petitions to the Commissioner	<input type="checkbox"/>
123	50	Petitions related to provisional applications	<input type="checkbox"/>
126	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149	740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179	740	Request for Continued Examination (RCE)	<input checked="" type="checkbox"/>
169	900	Request for expedited examination of a design application	<input type="checkbox"/>
091	1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

\* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$ 740)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Melody A. Jones	Registration No. (Attorney/Agent)	44,175	Telephone	(513) 634-6944	
Signature					Date	September 12, 2002

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